

Personal Care Verification Form

Student Name: _____

DOB: _____

IEP Initiation/Amendment Date: 5/7/09-5/7/10Time Period(s): 5/7/09-6/11/09 and 9/2/09-5/7/10

Does the student have 1:1 support between classes and or locations?

☒ yes ☐ no

Does the student have 1:1 support all day, including lunch and recess?

☒ yes ☐ no

(if the answer to either of the above questions is no, do not bill personal care)

School Day	Total Hours Student is at School
Monday	6hrs 10min
Tuesday	6hrs 25min
Wednesday	6hrs 10min
Thursday	6hrs 25min
Friday	6hrs 10min
Total Hours	31.33hrs

Does the student receive Personal Care on the bus? If "Yes", how many hours per week?	
Total Bus Hours	0

IEP services that combine to be Personal Care	
Service Description	Weekly Hours from IEP
Specialized Instruction	30hrs
Total Personal Care Hrs	30hrs

Other 1:1 IEP services when a Personal Care Aide is not present	
Service Description	Weekly Hours from IEP
Speech Language	1hr
Total Other 1:1 Services	1hr

Total School and Bus Hours 31.33Total IEP Hours 31hrs

If the Total School and Bus Hours and the Total IEP Hours are different, explain the difference.

IEP did not take into account the fact that the student arrives at school earlier three days a week due to the time the bus arrives at school.
